



SOUTH DAKOTA COUNCIL ON DEVELOPMENTAL DISABILITIES

Hillsview Properties Plaza, East Highway 34
c/o 500 East Capitol
Pierre, South Dakota 57501-5070
Phone: (605) 773-6369
FAX: (605) 773-5483 TTY: (605) 773-5990
www.state.sd.us/state/dhs/ddc

EDUCATION & TRAINING MINI-GRANTS for FFY2006

GRANT APPLICATION FORMS & INSTRUCTIONS

These forms and instructions are available through the Council's website or can be sent by email or on diskette by contacting the Council office.

Applicants are encouraged to collaborate with individuals with developmental disabilities, parents and/or guardians of individuals with developmental disabilities and service providers during the development of their proposal.

In addition to the one signed copy of the grant application that is submitted to the Council Office, the Council requests that applicants send an electronic copy at the same time. Electronic copies should be addressed to Arlene.poncelet@state.sd.us.

ALL PROJECTS MUST BENEFIT PEOPLE WITH DEVELOPMENTAL DISABILITIES. The definition of developmental disabilities is as follows:

Developmental Disability as defined in Public Law 106-402, the Developmental Disabilities Assistance and Bill of Rights Act of 2000, means a severe, chronic disability of an individual that--

- (A) is attributable to a mental or physical impairment or combination of mental and physical impairment;
- (B) is manifested before the individual attains age 22;
- (C) is likely to continue indefinitely;

- (D) results in substantial functional limitations in 3 or more of the following areas of major life activity:
- (i) self-care;
 - (ii) receptive and expressive language;
 - (iii) learning;
 - (iv) mobility;
 - (v) self-direction;
 - (vi) capacity for independent living; and
 - (vii) economic self-sufficiency; and
- (E) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

An individual from birth to age 9, inclusive, who has substantial developmental delay or specific congenital or acquired conditions may be considered to have a developmental disability without meeting 3 or more of the criteria described above in (A) through (E) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

TITLE PAGE - Form provided. Self-explanatory.

ONE PARAGRAPH SUMMARY – A one paragraph summary of the project should be provided that identifies the applicant and provides a brief description of the proposed project (goals, objectives evaluation and total cost).

PROJECT NARRATIVE – The Project Narrative must be no longer than 5 pages using only one side of the page, with page numbers, and include the following information:

- * The purpose of the project and how it will meet the current unmet needs of individuals with developmental disabilities.
- * Evidence of need for Council assistance.
- * Clearly identify the target population and include an estimate of the number of individuals with developmental disabilities that will be affected by this project.

- * Document how this project collaborates with other entities. Include a description of other existing agencies' programs which might provide similar services and the basis for your conclusion that there would not be a duplication of effort if the proposal is funded.
- * Document the collaboration with individuals with developmental disabilities and other agencies during the development of this proposal.
- * Indicate the expected outcomes of the project stated as goals, measurable objectives, and actions with specified time frames. The goals and objectives of the proposed program must be outcome related. Be specific.
- * Indicate how the applicant plans to reach currently unserved or underserved populations through this project (i.e. Native Americans, Hispanics, rural, etc.).
- * Identify staff who will be involved in the project (include their qualifications). For training requests, you must include the resume or qualifications of the trainer(s).
- * An evaluation plan that identifies the purpose of the evaluation in measurable outcomes; the type of information to be collected; the methods for measurement of the project outcomes; a mechanism for analysis of this data, and indicate who is responsible for the program monitoring and evaluation.
- * The evaluation process should determine whether the grant actually addressed the need for the project. The evaluation should describe more than whether or not the promised service was provided or how much it cost, but should also indicate as precisely as possible how people were affected.
- * Consumer Satisfaction with the activity must be measured. The Consumer Satisfaction Survey found in this grant application packet must be utilized as it is written. Additional questions can be included according to the project's needs.

BUDGET SHEET & NARRATIVE

These guidelines are to be followed when preparing the budget sheet using the form provided and for preparing the budget narrative. Limit Budget Sheet and Narrative to 3 pages. If the Budget Sheet provided does not provide enough room, please use a similar format to provide the information.

Budget items must be realistic in cost, needed to implement the proposal, and not for maintenance of existing programs. Personnel costs must be budgeted on the basis of realistic plans for recruiting and hiring program personnel.

The Budget Narrative must:

- * Include justification and details on each budget category: Personnel, Contractual Services, Travel, Operating Expenses, Equipment and Other.
- * Identify the expenditures for which Council funds are requested.
- * Describe local match and program income.
- * Include a plan for future funding for the project.

Personnel:

- * The Council will accept as match, the costs of utilizing existing staff to provide or supervise grant activities.
- * Council funds may be used for salaries and benefits for new staff hired solely for the purpose of completing grant activities.
- * Council funds may be used for salaries and benefits for an existing staff member only if current job duties are shifted to other staff so that the proposed grant staff can work on grant activities. Provide a copy of the current job description and describe how job duties are being shifted and to whom. Be specific.
- * For all personnel costs, include the total cost of salaries and benefits. Provide a breakdown of amounts and percentages that comprise fringe benefit costs, such as FICA, health insurance, etc.
- * Narrative justification must include a breakdown of full-time and part-time staff, and boards or committees and specific benefits for each.
- * Do not include the costs of consultants. Consultants should be included under contractual services.

Travel:

- * Travel breakdown should include staff and others.
- * The justification should include the name(s) of traveler(s), total number of trips, destinations, length of stay, transportation costs and meals and lodging allowances.
- * Do not enter costs for consultant's travel.

- * If not following the state reimbursement rates for travel, please provide the method used to determine travel expenses.

Contractual Services:

- * Contractual services include: 1) procurement contracts (except those that belong in other categories such as equipment, supplies, etc.) and 2) contracts with consultants.
- * Indicate the names of the organizations/individuals, the purpose of the contract, and the estimated dollar amounts of the awards.
- * Be specific in terms of what services you are contracting.

Operating Expenses:

- * Operating expenses include office supplies, printing, utilities, postage, telephone, space and equipment rentals, etc.

Equipment:

- * All equipment must be listed separately and approved by the Council
- * Clearly describe how the equipment will be used in the project and how it will benefit individuals with disabilities.
- * The equipment must be required to conduct the project, and the grantee must not have the equipment or a reasonable facsimile available to the project.
- * Include a disposition statement such as: "In the event the equipment acquired under this proposal ceases to be used for the purpose approved in this award, it will be disposed of in accordance with state and federal regulations."

Other:

- * Any expenses not included in other budget categories should be included here.
- * Every expense should be explained in the narrative.

Indirect Costs

- * Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. The maximum indirect rate allowable for Council projects is 5%. Justification must be provided in the Budget Narrative.

- * A cost may not be allocated to an award as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been assigned to an award as a direct cost.

Local Match:

- * The project's matching percentage may be cash or in-kind contributions.
- * A match amount is not required for each budget category for which Council funds are being requested.

- * **Total match must be at least 25% of total project budget.**

Max. Council Funds Allowed: Total Project Budget \$__ x 75% = \$

Min. Agency Match Required: Total Project Budget \$__ x 25% = \$

- * NOTE: If the amount of Council funds has been preset and you need to determine the amount of agency match, please use the following method: Amount of Match Required: Amount of Council Funds \$_____ divided by "3" = \$_____
- * In the Budget Narrative, describe the source of match such as, in-kind, cash, etc.
- * Local cash match funding sources need to be individually identified in the Budget Narrative.
- * Program Income, if applicable, cannot be utilized as match.

Program Income:

- * In the Budget Narrative include a description of income sources and dollar estimates, and provide a timeline for expenditure of the income.
- * Program income shall be used for the purposes and under the same conditions of the grant agreement.
- * Program income is gross income received by the grantee directly generated by a grant-supported activity, or earned only as a result of the grant agreement during the grant period. "During the grant period" is the time between the effective date of the award and the ending date of the award. Program Income, if applicable, cannot be utilized as match.
- * Registration fees may not be charged for individuals with DD or their families to attend a training session. Any fees charged should be

kept to a minimum to allow for the fullest participation possible by the intended group(s) of participants.

Future Funding:

- * In the Budget Narrative address the project's future funding plan, and commitments.
- * The plan for sustained operation should include: details of how the project will continue after funding has ended and goals and projections of annual resources that will be generated/accessed for continued funding of the project.

ATTACHMENTS

- * Limit attachments to 5 pages.
- * At least one letter of support
- * Include a letter of support from an individual with a disability or a family member.
- * May include job descriptions and/or qualifications.

ASSURANCES

- * Form provided. These assurances are in addition to the assurances found in the grant agreement.

ADDITIONAL INFORMATION

Review Process and Criteria

- Project proposals will be reviewed by the Council or a committee designated by the Council and funding decisions finalized at the Council's September 2003 meeting.
- Proposal review will include, but is not limited to, areas such as: the benefit to individuals with DD and their families, geographic distribution, cultural diversity, degree of collaboration with others, project description, measurable goals and objectives, plan to reach unserved or underserved populations, applicant's qualifications, budget justification, letters of support, and evaluation methodology.
- * Preference Areas include: 1) Demonstration of collaboration with individuals with developmental disabilities and/or parents/guardians of individuals with developmental disabilities during the development of the proposal. 2) A plan for reaching currently under-served or unserved populations. 3) An operational plan that creatively utilizes

other community resources. 4) The program/plan is replicable in other areas of South Dakota (if applicable). 5) The proposal represents an innovative, yet practical solution to the problem identified.

- . Applicants will be offered the opportunity to participate in a conference call to present a project summary and respond to questions.
- * All successful applicants shall sign and return a grant agreement within thirty (30) days from date sent.

Grant Reporting -

- * Narrative and budget reports are required (forms and instructions will be provided). The timing of these reports will be determined during the grant agreement process.

SD COUNCIL ON DEVELOPMENTAL DISABILITIES MINI-GRANT APPLICATION - - TITLE PAGE

Applicant Organization_____

Address_____

Telephone_____Federal ID Number_____

Project Director_____

Address/Telephone_____

Type of Organization_____Tax Exempt?_____

Under "Type of Organization" indicate all of the following that apply:
State, county, municipality, or other public institution; nonprofit or profit
private institution. If "nonprofit" and/or "tax exempt", proof of status
may be requested.

Title of Project_____

Project Begins_____Project Ends_____

Total Council Funds Requested_____Total Project Budget_____

Authorizing Official (please type name) Signature

Title and address, if different from Project Director listed above.

BUDGET SHEET

Description	Requested DD Council Funds	Match From Applicant**	Match From Other Resources**	Total Project Budget
PERSONNEL				
TRAVEL				
CONTRACTUAL SERVICES				
OPERATING EXPENSES				
EQUIPMENT				
OTHER				
GRAND TOTAL				

**Be sure the Budget Narrative specifies the type of match (in-kind, cash, etc.) and the source of the matching funds.

Utilize the formulas found in the instructions to compute the percentages of Council funds and matching funds.

ASSURANCES

1. The applicant assures that grant funds made available under the South Dakota Council on Developmental Disabilities will not be used to supplant state or local funds, but will be used to increase the amounts of such funds that would be made available for other similar activities.
2. The applicant assures that grant funds made available under the South Dakota Council on Developmental Disabilities will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other state programs.
3. The applicant assures that fund accounting, auditing, monitoring and such evaluation procedures as may be necessary to keep such records as the South Dakota Council on Developmental Disabilities shall prescribe will be provided to assure fiscal control, proper management, and efficient disbursement of funds received through the South Dakota Council on Developmental Disabilities.
4. A clear audit trail must be maintained for each source of funding. Receipts, expenditures and disbursements must be individually accounted for from each source of funds.
5. The applicant agrees to submit reports indicating activities undertaken, expenditures, match provided, program income and general progress of the project. Projects are required to submit a final report at the end of the grant funding period.
6. The applicant certifies that the program contained in its application meets all the requirements, that all the information is correct, that there has been appropriate coordination with affected agencies, and that the applicant will comply with all provisions of the South Dakota Council on Developmental Disabilities and all other applicable laws.
7. The applicant understands that although an effort will be made to continue the funding of projects of proven effectiveness or with a record of proven success, each project must stand on its own merit

each year. No project will be guaranteed continued funding. NOTE: Projects/programs must re-apply annually for funding.

8. This agreement depends upon the continued availability of federal funds and expenditure authority from the Legislature for this purpose. This agreement will be terminated by the State if the Legislature fails to appropriate funds or grant expenditure authority. Termination for this reason is not a default by the State nor does it give rise to a claim against the State.
9. The applicant also understands and agrees: 1) that funds received are to be expended only for the purpose and activities covered by the applicant's approved application and budget, and 2) that the grant may be terminated at any time by the South Dakota Council on Developmental Disabilities if the applicant fails to comply with the provisions of the South Dakota Council on Developmental Disabilities legislation or any of the certified assurances listed above and in the grant agreement.

CERTIFICATION - I certify that I have read and reviewed the above assurances and will comply with all provisions of the South Dakota Council on Developmental Disabilities legislation and all other applicable federal and state laws.

Signature of Authorizing Official

Date

Typed Name and Title

Address and Telephone Number

CONSUMER SATISFACTION SURVEY

Project Activity: _____

Please check the one category that best describes you

- _____ Individual with disability
_____ Family members
_____ Other

Please circle either YES or NO to tell us your opinion about the following statements.

- | | | | |
|----|--|-----|----|
| 1. | I (or my family member) was treated with respect during this project activity. | YES | NO |
| 2. | I (or my family member) have more choice and control as a result of this project activity. | YES | NO |
| 3. | I (or my family member) can do more things in my community as a result of this project activity. | YES | NO |

Please circle the number that best describes your opinion.

4. I am satisfied with this project activity.

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

5. My life is better because of this project activity.

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

What has been **helpful** or not helpful about this project activity?

Questions 6 & 7 (These are optional questions to be used when a project activity includes rights and protection issues.)

- | | | | |
|----|--|-----|----|
| 6. | Because of this project activity, I (or my family member) know my rights. | YES | NO |
| 7. | I (or my family member) am more able to be safe and protect myself from harm as a result of this project activity. | YES | NO |